

LESS OCT 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32623  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 479  
(b) Township Mo. Vernon Primary Registration District No. 5833  
(c) City Mt. Vernon (d) Street No. Missouri State Anatomical Registered No. 107  
(e) Length of residence in city or town where death occurred 2 yrs. 6 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willard Smith

(a) Residence, No. 904 So. Liberty Cafe St. St. Louis, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geneva Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1910

7. AGE YEARS 27 MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) June 12 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

FATHER 13. NAME John Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Anna Maloney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT (ADDRESS) Eme Michael Reed Clerk Missouri State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Puxico Mo. DATE Apr 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo R Orr Mt Vernon Mo

20. FILED Sep 2 1938 PA Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1938 to Aug 31 1938  
I last saw h. i. m. alive on Aug 31 2:35 P. 1938. Death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset

Other contributory causes of importance  
Tuberculous Enteritis  
nephritis

Name of operation Chinoid Date of       
What test confirmed diagnosis? Chinoid Was there an autopsy?     

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?      Date of injury      19      
Where did injury occur?      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       
Nature of injury     

24. Was disease or injury in any way related to occupation of deceased?       
If so, specify W. Parksdale M.D. M. D.  
(Signed) W. Parksdale M.D. W. Parksdale M.D.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-238

Date Filed 10/5/38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**